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Original Articles

FOREIGN BODIES IN THE CORNEA.[1]

BY EDWARD JACKSON, M.D.,

Professor of Diseases of the Eye in the Philadelphia Polyclinic; Surgeon to Wills Eye Hospital.

THE history given by the patient, as to a foreign body in the cornea, is often worthless. If the foreign body is but partly imbedded, and the projecting portion hard and angular, so that every movement of the lid causes a scratching of the conjunctiva lining it, the patient, of course, immediately notices its presence, and can give a correct and definite history of its occurrence. But if the foreign body be deeply imbedded so that it does not touch the conjunctiva of the lid, or if it lie with a perfectly smooth surface presenting to the lid, its entrance may not be noticed, or the momentary disturbance caused by it may be so slight as to be forgotten before the secondary effects of its presence draw attention to the eye, and even if those secondary effects are ascribed to it, and the foreign body itself perceived, it may be supposed to have entered the eye at a time considerably later than was the case. Often, however, the patient will, on account of the gradual advent of the symptoms of irritation, ascribe them to an entirely different cause.

Again, very many patients come with the impression that a foreign body is in the eye, from the irritation—the sensation of scratching—caused by a simple conjunctivitis. And these, having thought the matter over carefully and repeatedly, can usually tell just when and how the mythical foreign body was lodged there. And they even go so far as to accurately locate it, by picking out some spot on the iris not before noticed, and regarding it as the offending object.

[1] Read at the Philadelphia County Medical Society, October 12, 1892.

For the diagnosis of a foreign body in the cornea we must depend on, what generally is the sufficient basis for a diagnosis in diseases of the eye, the results of our examination of the patient. If the foreign body is comparatively large, the most casual glance may reveal its presence, but often there is need for special methods and a prolonged search before its presence or absence is established; and even where its presence is perfectly obvious at the first glance, these same methods must often be employed to make sure that we have completed its removal.

In the search for the foreign body, the important idea with reference to the illumination of the eye is that it shall be thoroughly under the control of the surgeon, so that he may either strongly illuminate the cornea itself, and view it against a dark background of unilluminated iris and pupil, or can illuminate the background, leaving the cornea in comparative darkness, and depending on the interruption of the light from the background, which any opaque foreign body will cause, to reveal its location. This is the advantage that the so-called "oblique" or "focal" illumination in the dark room possesses over inspection by an ordinary diffused light.

The shifting of the point of view so as to bring the foreign body into the area of most favorable illumination is essential to any thorough search, whatever method is employed. By focal illumination foreign bodies of light color will be best seen when strongly illuminated against the black pupil as a background; while if the foreign body is dark it is better to strongly illuminate the iris behind it.

We may also get an illuminated background against which a foreign body will usually appear as a black speck by throwing the light into the eye with the ophthalmoscope mirror, held several inches in front of it, and shifting the position of the eye or the point from which it is viewed, so as to obtain the fundus reflex through the different parts of the cornea.

An excellent method of searching for the foreign body, and one that has the advantage of being available during its removal, is to look for the interruption that it causes in the reflex obtained from the corneal surface. To do this, place the patient facing the window with a large open sky space, while the surgeon takes his position so as to obtain the reflection of the sky space from the surface of the cornea, a very good position being to stand behind the patient, looking down on the cornea. The patient's eye is then turned from point to point, so that the reflection is obtained from all parts of the cornea in succession. If the window with clear sky space is not obtainable, a piece of plain white paper or card-board, strongly illuminated, and held close in front of the eye to be examined, will furnish the required reflex from the corneal surface. The essentials are that the reflex shall be bright, uniform, and large enough to enable the observer to go rapidly over the whole cornea without missing any part of it.

If, on any part of the surface, there is an irregularity, as an ulcer or a foreign body, this will cause an interruption of the reflex, and be immediately noticeable. A great help in making such irregularities prominent is the careful drying of the cornea with a little absorbent cotton, a method to the full valve of which my attention was called by our fellow-member, Dr. M. W. Zimmerman. The removal of all moisture does not impair the reflex from the sound cornea, but lays bare any irregularity or loss of substance, which, when filled with fluid, would give almost the normal corneal reflex.

Another aid to the detection of foreign bodies in the cornea is the use of a solution of fluroescin. A good solution consists of—

Fluorescin.....	1 grain.
Sodium carbonate.....	2 grains.
Distilled water.....	1 fluidrachm.

A single drop of this is placed on the suspended cornea, and after two or three minutes the excess is allowed to be washed away by the tears. It is then found that while on the uninjured cornea not the slightest effect has been produced, the corneal tissue in the neighborhood of any recent abrasion has been stained a noticeable light green. This discoloration at once directs attention to the locality of the injury, and the stained tissue furnishes a background against which any foreign body of dark color is more readily seen.

While the reception of a foreign body in the cornea may not be noticed, and during the first few hours the pain and redness resulting from its presence are apt to be quite slight, its continued presence provokes a reaction which increases in severity until it is gotten rid of. At first,

the redness will be confined to the vessels of the part of the peri-corneal zone nearest the foreign body, and its location will then often guide us to the site of lodgment. Later, it extends until the whole conjunctiva and the deeper tissues of the globe become hyperæmic, when it becomes of little diagnostic value. With the increased vascularity come increased pain and tenderness.

Self-cure, in the case of a foreign body in the cornea, takes place by suppuration of the adjoining tissue to such an extent that the softening loosens the foreign body and allows it to be rubbed off by the movements of the lids—a slow, painful process, that probably few persons are stolid enough to submit to without seeking competent aid for its removal. In a few cases, however, the inflammation subsides, the foreign body becoming surrounded with fibrous tissue that tolerates its presence, and in rare cases it is possible for a foreign body to remain in the cornea a long time without provoking any reaction. I have met with three cases in which foreign bodies were thus retained for periods varying from one to eighteen months.

Of the removal of foreign bodies from the cornea in general, little need be said. The introduction of cocaine as a local anæsthetic has enormously simplified it. There is, perhaps, some danger now of being led by the passive demeanor of the patient to indulge in unnecessary manipulation of the parts. The thorough cleansing of the actual cavity of lodgment, together with the scraping away of the bruised and lacerated tissue, is very important, but the promiscuous scraping of the neighboring surface in the attempt to catch a foreign body that is not clearly seen is always harmful, if not dangerous.

When the foreign body enters with such force as almost to penetrate the cornea, and, to a still geater extent, when it projects into the anterior chamber, its removal becomes an operation of considerable delicacy and importance, on account of the danger of the premature escape of the aqueous humor and the scratching or puncture of the anterior capsule of the lens, causing traumatic cataract.

There applied a few months since, at the Wills Eye Hospital, a young man who had received a small chip of iron in the center of the left cornea the day before. Efforts had been made to extract it with a piece of magnetized steel, and with a penknife, but had been unsuccessful; whether they had driven the fragment deeper I do not know. He applied in the morning, and Dr. Pontius, the resident surgeon, finding that the aqueous was escaping and the anterior chamber shallow, had wisely, simply instilled atropine and closed the eye with a light bandage to secure rest. When the patient returned in the afternoon the swelling of the adjoining cornea had stopped the leakage of the aqueous, and the anterior chamber was of normal depth. The chip of iron was seen projecting from the posterior surface of the cornea into the anterior chamber.

The eye was placed under the full anæsthetic action of cocaine, and a broad, gradually tapering needle introduced at a little distance from the wound, in such a manner that its point entered the anterior chamber close to the foreign body and passed back of it. This point was held against the posterior surface of the cornea, the needle being steadily pressed forward sufficiently to keep the incision full and prevent the escape of aqueous. The foreign body was then dug out with another needle and the ordinary corneal spud. This was attended with the escape of some aqueous, but, with the broad needle held flat to shield it, any injury of the lens was prevented.

In such an operation the placing and steadily maintaining in proper position of the broad needle that acts as a shield is the most difficult part. For this purpose a needle which continues to broaden and becomes blunt and rounded on its edges, so that it ceases to act as a knife and more perfectly performs its function as a plug, might be a slightly better instrument than the ordinary broad needle. In this case the steady maintenance of the shield-needle in position was materially aided by causing the point to reënter the posterior surface of the cornea, and by introducing it in such a direction that the tendency of the patient to move the globe kept it pressed against the needle rather than withdrew it.

When a foreign body composed of or containing iron remains a few days in the cornea it is apt to leave a dark-brown ring of staining when it is removed. It is often difficult to decide whether the appearance is due to this stain alone or whether some portion of the foreign body

also remains. On this account it is more satisfactory to remove the stain if this can readily be done, but any prolonged or extended scraping is not justified, for the stain is harmless and temporary.

The electro magnet is of little use in removing foreign bodies from the cornea, because they are so firmly wedged that its force is entirely insufficient to dislodge them. There is, however, a special form of foreign body for which I have resorted to the electro cautery, namely, grains of gunpowder, which have proven, when the attempt was made to extract them in the method of ordinary foreign bodies, to be so intimately associated with the adjoining corneal tissue as to render it impracticable to extract them in the ordinary way without too much abstraction of tissue.

In the case of the patient shown this evening there were three such grains in the left cornea, remaining after others were removed without difficulty from both corneas. These deeply imbedded and diffused grains were touched with a pointed electrode, and thus destroyed with the least possible damage to the surrounding tissues. The same method was applied to some of the grains that had been at the same time imbedded in the lids, brow, and cheeks, with the very satisfactory results shown.

SYMPHYSIOTOMY, WITH THE REPORT OF AN OPERATION.[1]

By BARTON COOKE HIRST, M.D.

SYMPHYSIOTOMY has as remarkable a history as any procedure in surgery. Suggested for the first time in the surgery published by Pineau in 1598, and first performed upon a living woman in 1777, the idea may be said to be three hundred years old, while its practical application dates back more than a century.[2] From the year of the first operation until 1858 symphysiotomy was performed eighty-five times in different parts of the Continent of Europe, and once in England, with a mortality of 33 per cent. The frequency of the operation diminished after the first few years, until in 1858 it had practically died out. It was revived, however, in Italy in 1866, and in the succeeding twenty years seventy operations were performed with a mortality of 24 per cent. Italy continued to be the exclusive field of the operation until a year ago, when it was again tried in Paris by Pinard, whose interest in it was aroused by a visit of Spinelli from Italy. Ten operations have since been performed in Paris, two in Dresden, and one in Strasburg. From January 1, 1886, there have been fifty-two operations with only a single death, due to septic infection before the operation was undertaken. Twenty-three symphysiotomies have been done already this year, and the last thirty-four women have all recovered.

We owe the introduction of symphysiotomy in this country to Dr. Robert P. Harris, who, as is well known, has long been interested in the subject, and at the recent meeting of the American Gynecological Society in Brooklyn read a paper tracing the development of the operation, showing by the most laboriously collected statistics the present brilliant results achieved by it, and demonstrating, by the description of typical cases, its utility in labors otherwise insuperably obstructed by a contracted pelvis.

Ten days after Dr. Harris' paper was read, on September 30, the first operation in this country was performed by Dr. Charles Jewett, in Brooklyn. Three days later it was again performed at the Maternity Pavilion of the University Hospital in this city.

The position of symphysiotomy is now established beyond a doubt. Its modern revival I believe to be the most important advance in obstetric surgery since the general adoption of abdominal section for the treatment of early extra-uterine pregnancy. It is applicable in contracted pelvis with a conjugate over 67 mm., and, therefore, should be the method employed in almost all cases of the kind in this country, for a greater contraction of the pelvis is rarely seen among us. It should, moreover, almost entirely displace the Cæsarean section for a relative indication. It is a much simpler, an easier, and a safer operation. This is also the opinion of Leopold, who cannot be accused of prejudice against Cæsarean section, with his brilliant record in that field.

There is and will be for some time, perhaps, an objection to the operation from those who have no experience with it, on the ground that sufficient space cannot

[1] Read at the Philadelphia County Medical Society, October 12, 1892.

[2] R. P. Harris: Amer. Syst. of Obstet. vol. ii.

be thus gained. In answer to this objection is the fact that the pubic bones may gape 7 cm. after their separation, and the statement of Morisani, that the conjugate is thereby increased from 1.3 to 1.5 cm. But an absolutely conclusive answer is furnished by the subjoined clinical records of some typical cases.

Leopold's First Case[1].—A dwarf, 135 cm. tall, with the following pelvic measurements: Sp. il., 22 cm.; cr. il., 24 cm.; tr. 28 cm.; conj. ex., 17½ cm.; conj. diag., 8¾ cm.; conj. vera, 6¾ cm. She had been delivered thrice previously—twice of dead children, once by the induction of premature labor. After a labor of seven hours and twenty minutes, ushered in by rupture of the membranes, symphysiotomy was performed with the head above the brim. In ten minutes the child was extracted with forceps. The head was of normal size (transverse, 9¾, 8¼; circ., 34).

Leopold's Second Case.[2]—A woman, delivered once before by craniotomy. The pelvic measurements were as follows; Sp. il., 22; cr. il., 25; tr., 30½; conj. ext., 16; conj. diag., 8½; conj. vera, 6¾. Labor began in the evening; membranes ruptured seven hours later; operation three hours later with head above the brim. Extraction of the child in ten minutes with forceps. The head had a circumference of 35¼ cm.

Porak's Case.[3]—A primipara with rhachitic pelvis, conjugata diagonalis being 9.6 cm., and pelvis presenting some asymmetry, very likely from scoliosis. Labor began on June 10. About twelve hours later the membranes ruptured, and from eight to ten hours afterward the os was completely dilated. The head rested above the brim of the pelvis. Forceps was applied, but all efforts to engage and extract the head failed. The symphysis was opened, and the head then extracted "with the greatest ease" by forceps. Recovery.

Freund's Case.[4]—A woman, in labor six days; water drained off for two days. After opening the symphysis the head was delivered in fifteen minutes without instruments. There were two previous deliveries, one of a dead and one of a living child. The pelvic measurements were: Sp. il., 24½; cr. il., 27; tr., 31; conj. ext., 18½; conj. diag., 10 cm.; conj. vera, 8¼. The child's head after birth was found unusually large and hard. B. T., 10 cm.; B. P., 11 cm.; F. O., 12 cm.; M. O., 14 cm.; S. B., 10 cm. Circumference, O. F., 37 cm. Recovery.

Jewett's Case.[1]—The first symphysiotomy in America, performed by Dr. Charles Jewett, of Brooklyn, September 30, 1892. Woman a native American, primipara, fell in labor September 30, 1 o'clock, A.M.; at 10 A.M. the occiput appeared at the vulva, but was held fast by an approximation of the ischiac tuberosities, reducing the bisischiac diameter to three inches. Nine hours later Dr. Jewett first saw the patient. The forceps had been vigorously used in vain. Symphysiotomy was performed two and one-half hours later, or eleven and one-half hours after the impaction of the head at the outlet. Delivered was effected by supra-pubic pressure, and by shelling the head out with the fingers in the rectum. The woman is now in good condition, but, unfortunately, the child died twenty-four hours after birth, from the compression to which the skull had been subjected during its long impaction in the pelvis.

The University Maternity Case.—A German woman, aged nineteen, pregnant for the first time, was admitted to the University Maternity, September 24. The examination by the resident physician and the students showed the child to be presenting by the head, the back to the right. The pelvic measurements were: Sp. il., 25 cm.; cr. il., 27 cm.; tr., 30½ cm.; conj. ex., 18 cm.

The internal examination made by myself just before operation, showed the conjugata diagonalis to be 9½ cm.; conj. vera, 7¾ cm. The girl fell in labor Saturday morning, October 1. The pains recurring all day; on Sunday became very vigorous. On Monday morning, when my attention was first called to the case, the contraction-ring was high, the uterus stood almost straight out from the body, and the child's head was movable above the superior strait. The membranes were unruptured. By no justifiable degree of force could the head be made to enter the pelvis. The fetal heart-sounds were good. It was evidently, therefore, a choice of

[1] *Centralbl. f. Gyn.*, 1892, No. 30.
[2] *Centralbl. f. Gyn.*, 1892, No. 30.
[3] *Annales de Gynécologie*, September, 1892.
[4] Müllerheim, "Uber die Symphysiotomie," *Centralbl. f. Gyn.*, 1892, No. 30.

[1] Personal communication.

Cæsarean section, craniotomy, or symphysiotomy. The last was done with the assistance of Dr. R. C. Norris and the valuable advice of Dr. R. P. Harris, who kindly consented to be present. The child was delivered with forceps in one hour and four minutes from the time the operation was begun. I purposely took my time, for the os was only the size of a dollar, and was very rigid, so that a more rapid extraction would have seriously injured the cervix. Head measurements: B. T., 7½; B. P. 9; F. O., 12; M. O., 13½; circ., 34. Mother and child are well.

The technique of symphysiotomy is simple and easy. After thoroughly cleansing the field of operation and disinfecting the vagina as well, a short vertical incision is made on the abdominal wall, reaching to about three-quarters of an inch above the symphysis. The attachments of the recti muscles are severed just sufficiently to admit one finger. The forefinger of the left hand is passed under the symphysis, and upon this as a guide the curved knife of Galbiati is inserted until its beak projects under and in front of the symphysis. The joint is then cut upward and outward. To avoid injury to the urethra, a metal catheter is inserted and pressed by an assistant downward and a little to the right, while the knife is placed a little to the left; but with Galbiati's knife I should think that there is little likelihood of cutting the urethra or the plexus of veins in its neighborhood. I at first thought that an ordinary probe-pointed, curved bistoury would serve my purpose well enough, but I quickly laid it aside, and was glad to avail myself of Galbiati's knife, an illustration of which is appended, which I happened to possess —at the time one of the three, I believe, in the country.

As soon as the joint has been severed, the wound should be covered with iodoform gauze, and then the child extracted with forceps, or allowed to be delivered naturally, as seems best in the individual case. I should, I think, almost always prefer the forceps. It is well to have the trochanters supported by assistants during the passage of the child through the pelvis, so that the sacro iliac joints shall not be injured.

As soon as the delivery is completed the wound is sewed up, the lowest stitch, if desired, passing through the top of the symphysis. How the whole symphysis can be stitched up, as Leopold claims to have done, I do not understand. After closing the wound and dressing it, rubber adhesive strips are placed around the hips and the lower abdomen, and a tight binder applied. The symphysis unites surprisingly soon, and three weeks after the operation the patient can walk as firmly and as well as ever.

There is only one disturbing thought in connection with the introduction in this country of an operation destined to do so much good. The charge of superficiality lies with some justice against us. We are too ready to reach out toward the top without a sufficient basis of solid preparation, and I fear that symphysiotomy may be undertaken by many who cannot correctly measure a pelvis, and who have not the experience to decide whether a head can pass through the pelvis in which it is about to enter or in which it is engaged. There is consolation, however, in the reflection that if symphysiotomy should be done needlessly, the results are not likely to be so disastrous as in the case of Cæsarean section which, to my knowledge, was done several times unnecessarily during the excitement produced among medical men by the improved results of the Sänger operation.

Society Notes.

AMERICAN ELECTRO THERAPEUTIC ASSOCIATION.

New York, October 4, 1892.

EXECUTIVE SESSION.

THE meeting was called to order at 10.30 A.M., by the President, Dr. W. J. MORTON in the Chair. In the absence of the Secretary, Dr. HUTCHINSON acted as Secretary *pro tem.* The first business was election of new members.

The following names having been recommended by the Executive Council for membership, were balloted for and declared elected Fellows of the Association.

Dr. Floyd S. Crego, Detroit, Michigan; Dr. H. H. Hahn, Youngstown, Ohio; Dr. A. G. Henry, Cortland, New York; Dr. Thos. W. Poole Lindsay, Ontario, Canada; Dr. W. J. Herdman, Ann Arbor, Michigan; Dr. D. S. Campbell, Detroit,

Michigan; Dr. Emil Heuel, 352 Willis avenue, New York; Dr. Wm. Davis, Omaha, Nebraska; Dr. J. T. Harvey, Boston, Massachusetts; Dr. C. W. Martin, Topeka, Nebraska; Dr. E. B. Sangree, 744 South Fifteenth street, Philadelphia; Dr. G. M. Hammond, 58 West Forty fifth street, New York; Dr. Robert L. Watkins, 320 West One Hundred and Forty-fifth street, New York; Dr. George T. Hulbert, St. Louis, Missouri; Dr. Lucy M. Hall Brown, 134 Montague street, Brooklyn; Dr. Charles R. Dickson, 161 Victoria street, Toronto, Canada; Dr. Howard Smith, Surgeon United States Navy, retired; Dr. F. Schavoir, 8 Atlantic street, Stamford, Connecticut; Dr. Ernest Wende, 174 Franklin street, Buffalo, New York; Dr. O. S. Phelps, 143 West One Hundred and Thirty-first street, New York; Dr. S. T. Anderson, Bloomington, Illinois; Dr. Spencer M. Free, Dubois, Pennsylvania; Dr. F. Semeleder, Mexico; Dr. J. Mount Bleyer, 118 East Sixteenth street, New York; Dr. Willis E. Ford, 266 Genesee street, Utica, New York; Dr. A. E. Percy, Providence, Rhode Island; Dr. D. J. Neylan, Bristol, Rhode Island; Dr. F. H. Wallace, Boston, Massachusetts; Dr. W. T. Bishop, Harrisburg, Pennsylvania; Dr. Holford Walker, 56 Isabella street, Toronto, Canada.

Likewise as Honorary Member.—Dr. W. Bruce Clarke, M.A., M.B., F.R.C.S., 46 Harley street, Cavendish Square, West London, England.

The Executive Session then closed, and the Association went into General Session. President W. J. Morton delivered his address, entitled "Electricity and Medical Art and Science," which was received with applause.

Reports of committees were then called for. Report of Committee on Standard Coils. No report having been received from the entire committee, owing to lack of time, the President called for individual members of the committee.

DR. GOELET remarked that the difficulties in the way of proper coils were very great, owing, for one point to the great expense of winding coils useful for gynecology, neurology, etc. Two firms have done well in giving assistance, the Galvano Faradic Manufacturing Company, of New York, and Chloride of Silver Battery Company.

DR. HUTCHINSON reported progress in this line, speaking of what has been done.

DR. MORTON remarked that, in his opinion, it will be better to have the services of a practical electrical engineer added to the committee, and suggested the name of Mr. Kennelly, Chief Electrician of the Edison Laboratory.

DR. MASSEY remarked that his studies had been in the line of the primary current—in the way of contracting of muscle, that such current will contract a soft myoma to a certainty—that different coils produce different results.

DR. MORTON reporting as an individual member of the committee, pointed out the difficulties the committee had to contend with if the mere question of frequency of interruptions alone were to be considered, since variations per second from about 20 to about 5,000 produced muscular contractions and effects upon sensory nerves. The electrical engineers had found the subject of transformers a very abstract one, and he thought another year would be none too much time for the committee to devote to the subject.

It was resolved that Mr. Kennelly be added to the committee.

Report of Committee on Arrangements: DR. GOELET of the committee, expressed his regrets that Dr. Newman was ill, and therefore unable to be present to explain the program. Read an invitation from Metropolitan Telephone Co. to visit their rooms, and announced that the Electric Club had tendered the privileges of the club house for two weeks to members of the Association, and also had invited the members to a social reunion at the Club this evening.

The reading of papers was then begun.

Tuesday, October 4, 1892.

Afternoon session.—Meeting called to order at 3 P.M. The President, Dr. W. J. Morton, in the Chair. The Secretary being absent, Dr. Charles R. Dickson, of Toronto, Canada, at the request of the President, acted as Secretary *pro tem.* for the balance of the sessions.

DR. HUTCHINSON exhibited his singing rheotome constructed of a ribbon of phosphor bronze, the pitch of which can be readily raised or lowered. All pain takes the same pitch, but resistance has to be largely taken into consideration. In sciatica he used C major and found it best.

MR. CARTY: The quality of the material of construction enters very largely into the effect to be produced irrespective of the speed of vibration.

DR. GOELET agrees with Mr. Carty, and thinks there is a difference due to the quality of the iron of the coil.

DR. KELLOGG asked Mr. Carty: "Do the vibrations of the rheotome correspond with the movements of the current?" but Mr. Carty replied "No." Dr. Kellogg said that by making his instruments revolve very rapidly he can measure very rapid alternations.

DR. GOELET thought Dr. Hutchinson did right to call attention to the difference in the resistances encountered in different classes of medical work. He did not think the electrical engineers exactly understand our position. They have to deal with definite known resistances which are comparatively low, while the resistances encountered in medical work vary greatly, and are usually enormous by comparison. Their estimate of the induced current (or what we know as the faradic) is based upon its character while traversing a wire with little or no resistance; therefore, they regard it as an alternating current. The make and break currents are equally appreciable through a low resistance, such as a wire, but when applied to the resistances of the human body, the make current is so feeble that as it possesses so little electro-motive force that it is inappreciable, and only the break current, which is computed to be thirteen times stronger, exerts an appreciable effect. Then, too, he does not believe they appreciate fully the stress we lay upon the variation of the tension and volume of the different currents derived from coils of different size and length of wire. To do so, it would be necessary to understand the different conditions we have to deal with. The current of tension or higher electro-motive force is used for the relief of pain, and the current of volume, or lower electro-motive force, for muscle stimulation. These qualities of the two currents are, of course, more manifest in gynecological work where both poles are applied to a moist mucous surface which offers less resistance to the penetration of the current than the outside or skin surface.

DR. NUNN has been working along the same lines and thinks the ribbon vibrator a grand discovery. He thinks the plan is an internal percussion of the nerve interfering with its vibrations, besides this we get the effect of the current between the percussions.

MR. CARTY:-Take the terminals of your apparatus; attach small metal plates; bring them together, and they will attract each other, and will produce the percussion alluded to. He thinks that if this is done with plates, a tone is given out, and this would furnish a testing instrument.

DR. HERDMAN.—May not all this be explained on purely mechanical grounds?

DR. DICKSON.—Electricity is only *one* of the forms of motion in matter; sound is another, and sound is made use of in treating some of the diseases of the ear by means of the phonograph, its action being mechanical.

DR. MORTON, replying to Dr. Herdman as to vibratory treatment, alluded to recent papers in the *Electrical Engineer* and *Progrès Médical*.

DR. CAMPBELL asked if complete anæsthesia could be produced.

DR. HUTCHINSON.—The human body is varying all the time. We have also to deal with vital force, of which we know absolutely nothing. We may not get the same number of vibrations at one end of the machine—the rheotome—that we get at the other, but if we relieve pain we should be satisfied. Our duty to our patients is the paramount one. As to the different resistances of some, they differ much, and they are impossible of measurement; they vary from second to seconds. A certain effect is produced, but how, he does not know and does not care. Had we to deal with inert matter like the physicists, we could be more exact, but we deal with life. He eliminated the element of "sound" cure. Anæsthesia, local only, is produced with the utmost ease, from one to one and a half inches around the electrode as well as under it, but no further.

The President announced that as there was so much to take up the time of the Association, he would not hold his proposed clinic, but that the whole afternoon would be devoted to papers and discussions.

The meeting then adjourned.

Afternoon session.—Called to order by the President in the Chair.

DR. GOELET read the announcements of the Committee of Arrangements. A re-

ception by the resident members of the City of New York to the members of the Association, their ladies and invited guests, would be held this evening in the Academy.

A letter from Dr. Schavoir was read, inviting the members and their ladies to visit his Sanitarium at Stamford. Come on Friday, at 11 A.M.

Wednesday, October 5, 1892.

Evening session.—Executive session for the election of Officers.

Meeting called to order at 9 P.M. President Morton in the Chair.

The President, in accordance with the suggestion made by Dr. Herdman in the morning, reported and submitted the following names for committees, all of whom were elected:

Committee on Standard Static Machine: Dr. J. H. Kellogg, Dr. M. A. Cleaves, Dr. G. B. Massey.

Committee on Standard Constant Current Generators and Controllers: Dr. W. J. Herdman, Dr. F. Peterson, Dr. R. Newman.

Committee on Standard Electrodes: Dr. A. D. Rockwell, Dr. R. J. Nunn, Dr. C. R. Dickson.

To the Committee on Standard Coils, at present consisting of Dr. W. J. Morton, Dr. A. H. Goelet, Dr. G. B. Massey, Dr. W. F. Hutchinson, he would add Mr. A. E. Kennelly.

The Committee on Standard Meters as at present, consisting of Dr. W. Adams, Dr. H. E. Hayd, Dr. W. F. Robinson.

The members above-mentioned were then elected to serve on their respective committees for one year, and report at the next annual meeting.

On motion of Dr. Herdman, seconded by Dr. Nunn, it was

Resolved, That Dr. Morton be Chairman of Committee on Static Machines.

The following officers were then elected for next annual meeting:

President, Dr. August M. H. Goelet, of New York; First Vice-President, Dr. Wm. F. Hutchinson, of Providence, R. I.; Second Vice-President, Dr. W. J. Herdman, of Ann Arbor, Michigan; Secretary, Dr. W. A. Cleaves, of New York; Treasurer, Dr. R. J. Nunn, of Savannah, Ga.; Executive Committee: Dr. W. J. Morton, of New York; Dr. G. Betton Massey, of Philadelphia, Pa.; Dr. Robert Newman, of New York; Dr. Charles R. Dickson, of Toronto, Canada; Dr. J. H. Kellogg, of Battle Creek, Michigan.

On motion of Dr. Nunn, seconded by Dr. Bishop,

Resolved, That the Secretary report funds in hand to the Treasurer.

On motion of Dr. Hutchinson, seconded by Dr. it was

Resolved, That this Association meet in Philadelphia on the Tuesday following the meeting of the Pan-American Medical Congress, namely, 12th of September, 1893.

On motion of Dr. Hutchinson, seconded by Dr. Nunn,

Resolved, That the Secretary of the American Electro-Therapeutic Association be directed to communicate with the Secretary-General of the Pan-American Medical Congress, Dr. C. A. L. Reed, 311 Elm street, Cincinnati, Ohio, requesting him to add to his circular of information the fact that the date of the meeting of this Society has been fixed for the week succeeding the meeting of the Congress in Washington.

On motion of Dr. Hutchinson,

Resolved, That Committee of Arrangements for the Philadelphia meeting consist of Dr. G. B. Massey, Dr. M. J. Grier, and Dr. H. R. Bigelow.

Dr. Morton gave notice of motion to present an amendment to Article III of Constitution, to read thus: "The members of this Association shall consist of Ordinary Fellows, Honorary Fellows, and Corresponding Fellows, who shall be either practitioners of medicine in good standing or electrical experts."

The Executive Session then adjourned to meet again Thursday at 10 A.M., and the visiting members, their ladies and invited guests enjoyed the hospitality of the members of the Association resident in the city of New York in the form of a lecture, private exhibition, reception, and collation at the Academy. A most interesting and instructive lecture on the phonograph and microphonograph with illustrations and demonstrations, was given by Dr. J. Mount Bleyer and Lieutenant Gianni Bettini. After the lecture the guests were treated to a number of very beautiful, and also several most amusing, selections on these two instruments of precision, while the medical portion of the audience was afforded on opportunity of listening to heart and chest sounds. When all these and the mag-

nificent display of electrical instruments in an adjoining room had received ample attention, the guests descended to the handsome parlors of the Academy, where, to the strains of choice music furnished by a detachment of Prof. F. Eben's Seventy-first Regiment Band, an elegant banquet was served, during the course of which the retiring President, Dr. W. J. Morton, vainly endeavored to embarrass celebrities present by calling on them for impromptu responses to toasts in a most informal manner, and when least expected. The entertainment came to a close at a late hour. The unanimous expression being that a most enjoyable evening, both scientifically and socially, had been spent.

Thursday, October 6, 1892.

Vice-President Augustin H. Goelet, M. D., in the Chair, called Association to order at 10 A.M.

The Association went into Executive Session.

On motion of Dr. Hutchinson, seconded by Dr. Massey, it was

Resolved, That the Secretary be empowered to employ an assistant at the next annual meeting.

On motion of Dr. Bishop, seconded by Dr. Nunn, it was

Resolved, That the Executive Committee be instructed to publish the proceedings of the preliminary and first annual meeting, together with the proceedings of this present meeting, all papers, proceedings, etc., to be included ; a perfect history is intended to be published in book form, each member to receive a copy.

On motion of Dr. Massey, seconded by Dr. Nunn, it was

Resolved, That a vote of thanks be tendered the resident members of this Association for courtesies extended.

On motion of Dr. Massey, seconded by Dr. von Raitz, it was

Resolved, That a vote of thanks be tendered the Council of the New York Academy of Medicine for the use of its building ; also to the New York Electrical Club, Mr. Thomas A. Edison, and all others who have extended courtesies.

On motion of Dr. Massey, seconded by Dr. Nunn, it was

Resolved, That a vote of thanks be tendered those who, being unable to attend, have sent valuable papers to be read at these meetings ; also, the electrical experts, who, by their attendance, papers, and discussions, have contributed so largely to make the meetings such a grand success, and that the Secretary be instructed to convey to each the thanks of the Association.

The Executive Meeting adjourned, and the Association went into General Session at 10.45 A.M.

Thursday, October 6, 1892.

Vice-President A. H. Goelet, M.D., in the Chair. Association went into general session at 10.45 A.M.

At the conclusion of the reading, on motion of Dr. Hutchinson, it was

Resolved, That a committee be appointed to investigate the statistics submitted by Dr. Newman, and report upon their authenticity and completeness.

On motion of Dr. Nunn, it was

Resolved, That the discussion on the paper be deferred till the evening session —it to be the first order of business.

As there were other papers to come before the Association before its labors could be concluded, it was

Resolved, That the Association assemble at 8 P.M., in regular session.

The Association then adjourned to accept of the kind invitation of Mr. Thomas A. Edison, to visit his laboratory at Llewellen, N. J.

After a trip across the ferry from West 23d street, at 1.25 P.M., and a short run by rail, the party, consisting of members and their ladies, arrived at the laboratory. Mr. Smiles, of the Edison Manufacturing Co., kindly acting the part of guide throughout the trip. In the absence of Mr. Edison, his guests were received by Mr. A. E. Kennelly, chief electrician of the Edison laboratory, and, after being given a chance to admire the treasures of the fine library and museum, a visit was paid to the lecture room up-stairs, where a large number of phonographs were in position, and ample opportunity afforded to listen to grand orchestral effects, solo work, dramatic representations, comic recitations, etc. The autophones of several of the members were recorded, and when all had fully appreciated the wonders of this marvelous invention, the party was divided up in sections of ten, each being put under the care of one of the staff, made the tour of the store-rooms, testing-rooms, work-shops, chemical rooms, phonograph construction rooms, and, in fact, the whole premises. The

officials were uniformly courteous, and, in best nature imaginable, answered to the best of their ability the innumerable questions showered upon them by the visitors, some of whom found it a hard matter to tear themselves away from the magnificent specimens of instruments of precision, and narrowly missed losing their train thereby. On return to the starting point, a delicious lunch was in waiting, which was much appreciated, as the appetites of all were whetted by the long walk through the different buildings and the fresh Jersey air.

The return trip was made by 6 P.M., and the unanimous verdict was that a most delightful and instructive afternoon had been spent. The kindness of Mr. Edison was much appreciated. Of course, there were some who went out of pure curiosity, and it was fully gratified in a most pleasant manner; then, again, there were those who made the trip, keeping in view the opportunity of adding to their stock of knowledge of a practical as well as theoretical nature, and many of these were heard to remark, on the return trip, that they had seen much to set them thinking, and much that would help them to use electricity in a more intelligent manner.

Thursday, October 6th, 1892.

Evening session. President W. J. Morton, M.D., in the chair.

The meeting was called to order at 8 P. M.

The first business was the discussion on Dr. Newman's paper.

The President then announced the names of the Committee to Investigate Dr. Newman's Statistics:

Dr. A. H. Goelet, Chairman; Dr. W. J. Herdman, Dr. W. J. Morton, these three to appoint two surgeons of prominence to act in concert with them.

There being no further papers to hand, a letter was read from Dr. George J. Engleman, dated from Paris, expressing regrets at his absence.

The retiring President, Dr. W. J. Morton, expressed his thanks to the Association for their assistance in making the duties of the Chair so light and agreeable, and facilitating the business, and introduced the President-elect, Dr. Augustin H. Goelet, who, taking the Chair, made a few felicitous remarks most appropriate to the occasion, and complimented Dr. Morton on the manner in which he had conducted the meeting.

On motion of Dr. Nunn, seconded by Dr. von Raitz, it was

Resolved, That a vote of thanks be tendered Dr. Morton for the very able manner in which he had fulfilled the duties of the Chair.

The Association then adjourned to meet in Philadelphia, Pa., on Tuesday, 12th of September, 1893.

On Friday, October 7, a small party of members, their wives and friends assembled at the New Haven depot at 11 A. M., to accept the kind invitation of Dr. Schavoir to visit his Sanitarium at Stamford, Conn. After an hour's ride by rail the picturesque village was reached, and Dr. Schavoir was on hand with several conveyances for his guests. A short and very pretty drive soon landed the party at the Sanitarium, the view from which was much admired. The doctor's electric bath and other electric appliances were minutely inspected, and a stroll around the spacious and beautiful grounds convinced all that a more suitable place for a Sanitarium would be hard to find. The many pets in the form of horses, cattle, fowls, pigeons, parrot, marmoset, and squirrels came in for their share of attention, then an adjournment was made to the house where a most delicious lunch was served and full justice done to it. After lunch the rooms were inspected with their convenience and fitness, to say nothing of the cosiness. Next in order came a drive around the vicinity of Stamford, which is a well and favorably known resort, so that the pleasure of this outing may be imagined. A most delightful afternoon having been spent, the members of the party bade good bye to Dr Schavoir and his amiable wife, who presided most gracefully. The return to New York was made on a late afternoon train, and the festivities in connection with the Second Annual Meeting of the American Electro-Therapeutic Society were at a close.

R. B. LEACH claims that arsenic is efficient as a vaccine against cholera, basing his theory on the alleged similarity between the symptoms of cholera and those of arsenical poisoning. This is a very flimsy foundation, and as long as it is unsupported by facts, does not demand serious consideration.

The Polyclinic.

MEDICO-CHIRURGICAL COLLEGE.

SURGICAL CLINIC, PROF. PANCOAST.

HERNIA AND HYDROCELE.

A MAN of fifty-five years presented himself with a double inguinal hernia. He was using a badly-fitting truss. The protrusion on the right side was somewhat larger than that on the left. After explaining that the protrusion in hernia is characterized by its greater breadth at the base than at the apex, while in hydrocele the converse holds true, that is, the protuberance is large at the bottom and narrow at the neck, the lecturer punctured the protuberance on the left of the median line with a trocar, resulting in the evacuation of fluid through it to the amount of about a pint. The much misunderstood right method of pushing the protrusion back into place he explained, as consisting of pulling it downward and next in pushing it upward and into place. In regard to trusses, he urged the importance of physicians seeing to the ordering of the truss themselves for their patient, as ill fitting trusses are in some measure to blame for cases of strangulated hernia.

SCALP-WOUND.

The second case was that of a man, about fifty years old, with a cut on the left side of the head, just above the temporal bone, inflicted some six days ago. It was dressed at an hospital, but as it felt worse, he came to the Medico-Chirurgical. Prof. Pancoast pronounced the case as one of "Puffiness of the Scalp," arising from the neglected condition of the wound, resulting from the effusion of venous blood into the cellular connective tissue of the scalp. He pierced the scalp at a point well down on the forehead, pushing the instrument clear up to the cut in the head, to let out the extravasated blood.

The patient said the piercing did not hurt. Dr. Pancoast said the patient's arrival last evening was none too timely at the hospital, as he then presented the appearance of an erysipelatous flushed face. But that danger was now past. The patient, however, had been in that danger, and in that of losing his scalp. A compress was applied to check the hemorrhage. Strands of silk were used to keep open the puncture made low down on the forehead, in order to drain off any fluid that would collect.

"THE ANTIPHLOGISTIC TOUCH."

The next case was of a young woman with a swelling below the left ear, and involving apparently the jaw and part of the chin. It was a bad case for oral surgery. Dr. Pancoast made rapidly a number of punctures in the swelling, at which the patient evinced considerable pain. He advised the students in cases of operations that would give pain, not to deceive their patients, but to inform them beforehand of the fact.

GYNECOLOGICAL CLINIC, PROF. ASHTON.

URETHROCELE.

Case of urethrocele in a woman of forty-one years, the mother of four children. He dilated on the necessity of having the hands, instruments, etc., aseptic; corrosive sublimate making a good lotion. He explained the method of ascertaining whether the obstruction were in the upper, middle, or lower part of the urethra. The present case was one of an obstruction like a wart or button in the vulva. Unless the urine had unobstructed passage no permanent cure of the urethrocele could be effected. Should the tumor be removed? Not advisable in this case when a sure method of permitting escape of the urine presents itself, such as making an artificial channel a urethro-vaginal fistula.

When a patient is in fair way of cure, do not remove the obstruction, as that may bring unexpected complications in its train; leave well enough alone; better not tinker. If the operator knows thoroughly the nature and extent of an obstruction, and the sequel to the removal of same, then he should employ the line of action offering the best indications of permanent cure.

A SOURCE OF SEPTIC INFECTION.

In a case where abdominal section had been performed, and the patient (a woman) was progressing favorably, she had touched the locality with her hand. With aged persons, etc., it was usual to strap the patients' hands. In this case the patient had been trusted, and will have only herself to blame if dangerous complications

interfere with the previous fair chance of recovery. In making a new dressing for the part, he stated that he used peroxide of hydrogen for dissolving the pus, and for cleaning the surface of the skin, followed by a wash with corrosive sublimate, and next by the layers of cotton.

CHILDREN'S CLINIC, DR. HOLLOPETER.

APHTHÆ.

A fine case in a girl of about four years. Treatment: Wash with boric acid or bicarbonate of soda after each meal. Touch points of eruption with nitrate of silver.

MEASLES.

To the class was then exhibited a beautiful case of eruption of the rash of measles on a child of about fifteen months of age; the trunk, from the abdomen upward, being completely covered. The arms exhibited the large crescent-shaped splotches with white spaces intervening, while the lower extremities were only slightly marked. The said measles was of microbic origin, and in that no real desquamation occurs. He dwelt upon the absolute necessity of caution in the diagnosis, in differentiating the symptoms from the somewhat similar ones in scarlet fever. Of two essential points, one was the fall of temperature after the rash has appeared. Four days prior to the eruption, temperature ranges from 101° to 103°; but 105° is a high temperature, and if it remains at that figure after appearance of the rash you may look for congestion. Treatment for the usual manifestations of measles is: The use of the tepid (warm) bath; temperature of room, 65° to 70°; the room darkened to protect the eyes; anointment from head to foot with cacao butter to ease the itching.

℞.—Acetanilid ..... gr. xij.
Hydrargyri cum cretâ ..... gr. iij.
Sacchari ..... q. s.

To carry off per rectum the mucus the patient is unable to expectorate by the mouth. If bronchial catarrh sets in, administer:

℞.—Potassii citratis ..... ʒj.
Succi limonis,
Tr. opii camphorat.,
Syrupi ipecac.,
Syrupi tolutan ..... āā ʒiv.
M.—S. fʒj., as needed.

Measles, uncomplicated with other symptoms, is not dangerous, but after the recovery the cure cannot be regarded as permanent, in the sense of preventing sequelæ, such as bronchial pneumonia, etc., even pneumonia itself; the general health is vitiated. Something also must be attributed to bad hygienic environment, as narrow alleys devoid of good air and of sunlight.

OPERATION FOR PERITYPHLITIS.—The *Centralblatt für Chirurgie* reports cases (resulting from operations in perforation of the vermiform process) nearly all presenting a series of like phenomena. The attack begins suddenly with severe pains about the navel; then more and more in the locality of the cæcum (cöcalgegend) develope pains and retching. These symptoms lull, and then there is noticeable a tumor circumscribed in the right iliac fossa (Darmbeingrube) until, and most suddenly, fever sets in, accompanied by new pains, enlargement of the tumor, and complete secondary aggravation of the symptoms, which in all cases is conditioned by the corruption, whose existence can be proven by this secondary enhancement of the symptoms, by œdema of the abdominal covering, as well as diagnosed by the examination of the rectum or of the vagina (or by a probe puncture) by the operation, or by the further course of the disease; *e. g.*, eruption of the abscess in the rectum. Among the cases operated upon were many youthful persons. In two cases the opening of the peritoneal cavity was suspended because the locality of the pus was not accessible.

In no case has the operation caused any detriment. In many severe cases the patients were beyond rescue. Of ten early operations for circumscribed peritonitis, three resulted fatally from sepsis, one collapsed, and six were cured; and of four operations for ordinary abscess all were cured. Whilst Dr. Graser admits the possibility of cure without operation through the capacity of reabsoption in small pus localities, yet he holds the operation as indicated when a rapid aggravation of the general condition, secondary rise of all the symptoms, with increase of the tumor manifest themselves, or when through a sure diagnosis, without to bring in new dangers, the course of the disease can be shortened.

The Times and Register

A Weekly Journal of Medicine and Surgery.

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WHY PHYSICIANS SHOULD SPECIFY

THE *Medical Age* speaks as follows:

"There are many reasons why the doctor should specify upon his orders and prescriptions the name of the manufacturer whose product he favors, but the following extract from a letter to a prominent manufacturer furnishes an additional one:

"'We would like to handle your laboratory products and surgical appliances with our trade, but the margin you afford us is not sufficient, so every time your make is asked for we work off something else that affords us a better profit, if we can. This often occurs. If you can either allow us a better price, or charge the doctor more, we should like to buy from you; otherwise we must continue hereafter as we have done in the past.'

"The physician and the retailer should appreciate the fact that the manufacturer is being continually pressed either to establish a higher price to the doctor, which will afford the jobber an extravagant margin, or to so cut down the selling prices to the jobber as to compel the manufacturer to cheapen the quality of his product in order to enable him to do business at any profit whatever. The doctor can remedy this to a great extent by insisting that his orders and prescriptions be filled as specified, and accept no substitution."

The wrong of substitution is one of several that are driving the medical profession into dispensing. Some years ago we published an article by Dr. J. P. Russell, showing that the wide variation in the strength of fluid extracts rendered it impossible for the physician to prescribe them with safety, unless he specified the manufacturer. If this be so concerning articles preconized by the U. S. Pharmacopœia, what must be the case with the non-officinal preparations that go to make up so large a share of the physician's prescriptions? Allowing that he desires to give a drug in dose sufficient to produce a desired effect, no less and no more, how can it possibly be done with a drug whose strength varies from ten to one? Preposterous! And yet that was the difference Dr. Russell found between the best and the worst of the extracts he analyzed. It is this, rather than the "counter prescribing," renewing prescriptions, advocating patents, etc., that is driving the doctor away from the retail pharmacist. These things are external; they concern the pocket only; and no true physician cares greatly for that. But insecurity in the agents employed in treatment strikes at the vitals of the profession. If the question comes squarely before the public, as to whether it is to be doctor or druggist who treats the sick, the former has little to fear. But if the competitor for practice has the power to nullify the doctor's efforts, by substituting inferior articles for those prescribed, there must be an end to the struggle, and that right quickly. The doctor *must* specify; and if substitution be practised, he must keep his own drugs; buying direct from the manufacturer he prefers. Thanks to the "normal liquids," triturates, pills and dosimetric granules, the actual pharmaceutical labor is reduced to a minimum; while the elegant preparations of tonic compounds cannot be equaled by any but the most accomplished retail pharmacist.

Annotation.

GOLDEN RULES OF SURGICAL PRACTICE.

OUR readers will recollect the "Golden Rules for Surgical Practice" that appeared in the pages of this journal. They were published anonymously at first, and in that form were republished in this journal. We see that in England they have been so well appreciated that we now have at hand the third edition. To this we are pleased to see that the author has prefixed his name—Mr. E. Hurry Fenwick. He states that the former editions were published anonymously "because the letter press was neither original, commercial, nor polemic." The name of the author is now given because criticism has rendered it necessary that he should "take the responsibility of the shortcomings." Mr. Fenwick will not find this a heavy burden. He has prepared an excellent little digest of surgical hints, and while there are few things in it that the well informed physician does not know, there are very many who will find among these "Golden Rules" some ideas that are new to them. The booklet is printed by John Wright & Co., Bristol, England, and the price is one shilling.

Letter to the Editor.

HOW TO GIVE MERCURY IN SYPHILIS.

I AM in possession of your very highly commendable "Outline of Treatment with Dosimetric Granules." I desire, however, to have a little light on one or two points. As an example: In different forms of syphilis, say calomel, "for first stage and early secondary." You say in the dose department, gr. $\frac{1}{12}$, one every half hour when a quick impression on system is desired. I do not quite understand how often it is best to give in the above-named case.

2. How often is it best to give one of those $\frac{1}{12}$ gr. granules in case of impending syphilitic paralysis?

3. How often is it best to give one granule, $\frac{1}{12}$ grain, in case of syphilitic constipation?

4. How often is it best to give one of those granules, $\frac{1}{12}$ gr., for syphilitic headache?

5. How often to give one of those granules, $\frac{1}{12}$ gr., in case of iritis in syphilitic form?

[1. Give one granule every half to two hours until evidences of the approach of salivation are manifested; then lessen the dose a little, so as to keep just below the point of salivation, but continue the action of the mercury without ever letting the effect cease.

2. In impending paralysis, get your patient under the mercurial influence as quickly as possible; by inunctions, hypodermics and fumigations, as well as the rapid administration by the stomach.

3. In constipation of syphilitics, I would prefer to give mercurial pill, 15 to 25 grains, daily.

4. For syphilitic headache, give as suggested in the answer to the first question.

5. In iritis, give as for impending paralysis.

In all forms of syphilis I prefer mercury; and in the rare cases in which it cannot be borne, gold or platinum are more trustworthy substitutes than iodine. The vegetable alteratives are worthless.

W. F. W.]

The Medical Digest.

MIXTURE AGAINST VOMITING.

℞.—Menthol ..... ℥ss.
Alcohol ..... ℥ss.
Syrup..... ℥iijss.
A teaspoonful every hour.

VILLACABRAS MINERAL WATER.—In treating a case of Bright's disease (chronic desquamative, due to malt liquor) recently I found the saline diuretics fail to give relief to the symptoms. These were dullness, anorexia, headache, dizziness, nausea, etc., etc. I accordingly directed the patient to get a bottle of Villacabras water, and take a wineglass before each meal. The water proved so efficient as a purgative that he reduced the dose at once to one-half. The relief that ensued was so marked that the man returned to me quite enthusiastic, fully persuaded that in Villacabras he had found an effectual remedy for all his ills. In two other cases the like pronounced good effects have been manifested.—W. F. W.

DERMATOL. — Coloranti recommends this drug for the colliquative diarrhœa of phthisis, and for diarrhœa of typhoid fever. He gives it in doses of 5 to 10 grains, up to 30 to 90 grains per day, alone, with opium, or in mucilage. In that of acute enterocolitis, of malaria, and of convalescence it also proved of value. The reports are so favorable as to warrant an extended trial of this promising drug.

MAGGOTS IN THE EAR.—Dr. Dolph reports (*Indiana Medical Journal*) a case where he injected a weak solution of carbolic acid, and in a few minutes over seventy maggots, about one-eighth of an inch in length, crawled out. The patient had been deaf for years in that ear, and always had a slight discharge from it.

Also, the editor refers to *Leidy's Annual* for 1892 for valuable notes on myiosis intestinalis, and says that in myiosis narium, any fixed or volatile oil will promptly destroy all lice, mites and insects.

SECRET SPECIFICS FOR INEBRIETY.—Dr. Norman Kerr says: One so-called remedy consists of fourteen different drugs, dispensed twice a week, at a Continental dispensary; two secret specifics claimed to cure 100 per cent. He had hopes of meeting with some which would guarantee 101 per cent. of cures.

The composition of these magical medicaments is carefully concealed, the ingredients of some of them being changed frequently to baffle analysis. There ought to be legislation compelling stability in the composition of all pharmaceutical preparations, with registration and an open statement of the contents.

A GROWING CHILD'S FOOD.—When a year and a half old, children may have baked potatoes and some of the fresh green vegetables, as peas and beans, writes Elizabeth Robinson Scoville in her valuable department in the November *Ladies' Home Journal*. About the same age, if most of the teeth have come, they may have meat at dinner. Steak, mutton chops, roast beef and meat of chicken, cut fine, as they cannot masticate them properly, may be given. Salt meat, the dark meat of poultry, with gravies and made dishes, must be avoided. Fresh fish may be eaten but must not be fried.

Eggs should be cooked by placing them in boiling water, removing the saucepan from the fire and letting the eggs remain in the water ten minutes, so that the whites will not be hardened. One a day is enough to use.

The best test of the digestibility of the food is the improvement of the child. It should gain steadily in weight, the scales showing a slight increase every week. The eyes should be bright, the flesh firm, the skin clear, and the whole appearance betoken health. When a baby is ailing, in a large majority of cases the food is at fault.

TREATMENT OF DELIRIUM TREMENS.—Dr. Norman Kerr believes this disease to be due to the cumulative specific action on the cerebral tissue of the alcoholization of the blood, and that the best hope of cure consists in natural exhaustion inducing sound sleep, thereby avoiding the administration of alcoholic liquors and opiates, chloral, bromide of potassium, and all narcotics. He reports a case exemplifying the differing results of narcotic and non-narcotic treatment. A patient, aged forty-eight, in his second attack, was treated with opium and the bromides, and in his third attack only with liq. am. acet. In the former seizures, even after sleep, he was unrefreshed, and so violent that he had to be restrained by force until exhaustion procured natural sleep, his only beverage being coffee. In the latter seizure, two years later, he was treated with liq. am. acet., at first in drachm doses every hour; milk, beef juice, broth, and coffee were frequently given. In about seventy hours he had a sound sleep for four hours, followed in four hours more by a sleep of twenty hours' duration. The recovery was quicker than in the second attack.

—*Quarterly Journal of Inebriety.*

MENTAL DERANGEMENTS FROM ORGANIC SULPHUR COMPOUNDS.—Dr. Benjamin Ward Richardson, in *The Asclepiad*, observes, apropos of two cases of peculiar mental derangements induced in workmen exposed to the fumes of sulphuretted hydrogen, that, as far back as 1870, he had called attention to a new and special fact, which was that sulphur compounds might be readily constructed in the living animal economy, and his further research brought him to the conclusion that

the influence exerted over nervous matter by the element sulphur, in disintegration, was so marked in mental aberration, that it was inevitable that nervous affections, attended with or without paralysis of the voluntary muscles, must be accepted as due to the presence of compounds of this element. We have thus a rational explanation of insane conditions produced as deliriums from intoxicants developed in the vital organic chemistry. The doctor is desirous that, in days to come, when physicians are diagnosing and successfully treating diseases of a nervous character, at present incurable and inscrutable, from studying the excretion of sulphur compounds from the bodies of their pa tients, the credit of the method may be honestly accorded to the English school of the nineteenth century.

LACK OF HÆMATINE THE CAUSE OF ANÆMIA.—Dr. E. Maurel (*Faculty of Medicine, Toulouse*) has given the name of hypohæmatosis (deficient oxygenation of the blood) to the collective symptoms resulting from a slight but prolonged deficiency of hæmatine. This deficiency leads to anæmia. These conditions until now have been confounded, they having numerous symptoms in common, but these two pathological states require abso lutely different, not to say opposite, treatment; because whilst anæmia is due to a lack of nutrition, requiring rich alimentation, etc., for its cure, this treatment is harmful in hypohæmatosis, which requires adequate amount of oxygen for combustion. To justify these conclusions he gives the full details of his observations in twelve cases, of persons ranging from three to twenty years of age. These cases occurred within the space of three years, and in each one was followed by complete cure through resort to the use of respiratory gymnastics. General gymnastics are useless. He states that, as the most frequent cause of the complaint is the narrowness of the chest, the respiratory gymnastics tend to enlarge the thoracic section; and that hereafter in all cases of anæmia it needs first to combat the hypohæmatosis. Certain clinical facts lead him to believe that the same condition can be detected as complication in all the cases where *échanges hématosiques* are more or less *entravés*, such as pleurisy, pulmonary emphysema, tuberculosis, etc.

—*Bulletin Générale de Thérapeutique.*

METHODS OF OPERATION FOR CARCINOMA OF THE RECTUM.—Of late years, the sacral method of operation has almost replaced that of the perineal. The number of cases radically operated upon relative to those by the palliative method, increased as follows: 1877–82, radical 26, palliative 14; 1886–91, radical 68, palliative 8. It is to be considered contraindication when the tumor overlaps (Uebergriff) the bladder, or when the upper end of the tumor is felt, bimanually, to be immovable from over the symphysis. The sacral method is chosen when the tumor reaches high up over the sphincter, or when the sphincter can be maintained, or when much bleeding is to be feared. If, by the maintenance of the sphincter, the tension is strong in the union of both ends (Darmenden), then is the sphincter split in the posterior middle line, and the two halves united with the upper portion (Darmstück), in order to paralyze, for some time, the sphincter. The temporary resection of the os sacrum, in the above cases, was not attempted because of the difficult nature of the wound, the danger of necrosis of the bone, and the impossibility of allaying or preventing a sacral suppuration. There are 28 of these cases still living—18 sacral, 10 perineal. Continence was effected by the sacral method where it was possible to use the circular intestine needle (Darmnaht); relative continuence was mostly attained by the perineal method; complete incontinence was the consequence of the sacral suppuration.

—*Centralblatt für Chirurgie.*

MUSCLE-BUILDING.—To understand your own movements, study the joints and how best to use them. As a higher branch of physical inquiry, strive to acquire a perfect co ordination between mind and muscle, and thus learn to contract and relax the muscles by a mere effort of the will; do this both in groups and separately. Having gained this power, when you wish to expend a little superfluous energy, get into the country and have a good run. Should the tyranny of environment forbid that, then do the next best thing, which is walking. If you wish to acquire any physical accomplishments, boxing, wrestling, fencing, practise under some good teacher. Swimming you can learn by yourself, though not so well on dry land; or rather you

ought to have learned that in early childhood. Buy a bicycle or a horse, if you think it will pay for its keep. Or, best of all, if you are young enough, learn to tumble. After you have mastered that art, you can acquire all the others by merely looking on at them; at least, such has been my experience.

To know how to do these things is all very well in its way; like the beans of the late A. Ward, they are cheerful fruits if taken moderately. But if you practice any of them with the idea of gaining health and strength thereby, you will find, and perhaps when it is too late to mend matters, that you have made a large mistake. Such is not the way to life, physically speaking. Use judgment, and take this as your motto: good air and plenty of it for the blood, good food for muscles, and good sense in using all your parts and belongings.—Edwin Checkley, in October *Lippincott's*.

BRIGHT'S DISEASE.—At the Académie de Médecine M. Lancereaux brought up again the treatment of albuminuria. For him, albumen in the urine was only a symptom, and was of itself without gravity, consequently it should not be dreaded so much as the auto-intoxication produced by excrementitial matter, or in other words, uræmia. The means to employ against this complication is to establish the renal function by diuretics, and when these latter have no longer any effect, by drastic purgatives and frictions of the skin. Then when the uræmia has disappeared, an attempt should be made to repair the renal lesions. Iodide of potassium gives good results in the parenchymatous form of nephritis, while tincture of cantharides, 6 to 12 drops daily, is very successful in removing the dropsy in the interstitial form. As to milk, it is indicated whenever symptoms of uræmic intoxication exist. It was said that albuminuria has frequently accompanied diabetes, and such is the case, but under certain circumstances. In the first place there exist three kinds of glycosuria—constitutional or hereditary diabetes, nervous diabetes of Cl. Bernard, and that having a pancreatic origin. In the first kind, albuminuria is almost always present, depending on sclerosis of the renal artery. In that of Cl. Bernard, on the contrary, it is intermittent, and is intimately associated with congestion of both the renal and biliary organs. Obesity is favorable also to the development of albuminuria, of which the inciting cause may be found in the emphysema which so often accompanies the plethoric state. M. G. Sée said that he could not understand the employment of drastic purgatives and cantharides in the treatment of the affection under consideration, as their administration was totally opposed to all that physiology had taught on the malady. The only agents of any value admissible in albuminuria, in his opinion, are the iodides of potassium, calcium, or strontium. As to cardiac albuminuria it need not be treated. M. Lancereaux replied, insisting on the value of purgatives, and above all on the cantharides, which gave him wonderful results where the renal epithelium was affected.

HUMAN AND FOWL TUBERCULOSIS.—Koch's classical researches on the causation of tuberculosis culminated in 1882—just ten years ago—in his claim, then made, to have discovered the cause, in the form of a well-defined bacillus. A decade has passed, and to-day every line of his original treatise, save a few statements of minor import, remains intact. His first great difficulty was to obtain a pure culture of the tubercle bacilli. Rivolta, in 1889, was the first to suggest that the bacilli found in ovian and in mammalian tuberculosis belonged to two different species. An exhaustive series of experiments made recently by MM. Straus and Gamaleïa show the difference between the bacilli causing ovian and those causing mammalian tuberculosis. The ovian bacilli developed luxuriantly at 43° C.; while the human bacilli ceased to grow if the temperature exceeded 41° C. The lesions produced by the inoculation of these cultures on animals were more striking, even than the difference in the cultures themselves. They inoculated fifty six guinea-pigs with human tubercle bacilli, and twenty-six with fowl bacilli. Whether the injection was subcutaneous, intra-peritoneal, intra-pulmonic, or intra-veinous, invariably the animals inoculated with human bacilli presented at death a generalized eruption; but if the bacilli were of an ovian source there was no eruption of visible tubercles. They next experimented on twenty fowls; injected quantities of pure cultures of human tubercle bacilli without producing appreciable

result; but the inoculation of a small amount of ovian tubercle bacilli caused death in a few weeks or months. The post-mortem examination showed abundant bacilli in the organs. In fowl, therefore, we have animals absolutely refractory to human tubercle bacilli, but succumbing easily to their own variety. The destructive nature of human tuberculosis is beyond question. Men are most generally infected by the inhalation of the dried sputum of their fellow-creatures. Fowl tuberculosis is also as destructive to their species, and farmers have found that when an outbreak of this scourge occurs that nothing less than the killing of all the birds will rid their farmyard of danger. From the distribution of the anatomical lesions in fowl it seems probable that infection occurs through the intestinal tract. —Dr. Alfred R. Parsons, in the *Dublin Journal of Med. Sci.*

TRICHINOSIS.—Mrs. T., aged sixty five years, was seen about a week after ushering in of disease with diarrhœa and colic. Muscular pains were present, and became, in a few days, most severe in back and legs. There was some soreness in muscles of arms; appetite diminished; face was considerably edematous. After the first week of my attendance, her bowels became constipated, and required laxatives throughout her affection. As soon as the nature of the disease became known to her, she declared her case beyond a cure, and no argument would convince her to believe otherwise, or instill a spark of hope into her mind, which was preoccupied with the preparation of her soul. She became perfectly helpless, occupying the same position in bed almost constantly. Besides the edema of the face, her feet, legs, and thighs soon showed a dropsical tendency, and gave additional trouble in the handling of the patient. After four weeks of illness, bronchitis set in suddenly with profuse and tenacious secretions. Insomnia, which had been a constant symptom, now became alarming, and was followed, on the fifth week, by muttering delirium. This condition lasted to her death, on seventh week of illness. The treatment of the case was, in the main, of a tonic and nourishing nature, as far as she accepted of it, being unruly and often refusing proper supportive measures. Bismuth, succeeding a saline cathartic, was of some benefit in relieving diarrhœa. Bromides were tried for insomnia without benefit. Hyoscyamus was successful in producing sleep when insomnia first set in, but as the case advanced, this most distressing symptom seemed to resist all medicines of repute for its relief. Diuretics were of little advantage. The secretions of the kidneys remained scant and highly colored, sometimes being entirely suppressed for thirty six hours. Antifebrin and salol, with stimulants, were of benefit to partially alleviate the pains in muscles. Motion was insisted on, but after several trials, the patient became again despondent. Once or twice she was assisted in walking across the room, and soon stepped without support, but she refused to take systematic exercise, stating that it was useless to punish her in this manner, as there was no hope for her recovery. Of nineteen cases of trichinosis, this was the only one to terminate fatally. The outcome of this case might have been favorable had the patient submitted to the treatment, and been of a more cheerful disposition.

—*Memphis Journal.*

SOME THOUGHTS ABOUT DYSPEPSIA.—Indigestion means something more than loss of "tonicity" to the digestive tract, and the primary cause may be quite remote from the affected organ. To assist nature to eliminate the disease, the cause must be known in each individual case and the idiosyncrasies taken into account. Gastric juice contains about nine hundred and ninety parts of water in one thousand, and the remaining portion is made up largely of albuminoid matter, known as pepsin, and a free, uncombined acid, with sodium chloride, and a few minor ingredients. Pepsin alone, without its auxiliaries, is almost worthless. The digestive ferment, if it be deficient in acid, is really made worse by the addition of pepsin; it is the acid that should be administered; this is also true of every ingredient of the gastric juice. Give pepsin when the gastric juice is deficient in acid? No; but relatively decrease your pepsin and increase your acid. Give pepsin when the gastric juice is deficient in water? No; but relatively the pepsin, acid, etc., and increase the water. Give pepsin when the stomach is inactive—when the glands are partially atrophied, when the organ itself lacks "tonicity?" No; the stomach must perform its own work. Nature

hates a lazy member, and she will elimi nate it by atrophy if there is nothing for it to do. Normal gastric juice contains germicidal properties, but in proportion as it varies from the normal, so does it become a source through which infective diseases may be propagated by germ development.

Peptones, in a majority of cases of dyspepsia, are absolutely harmful. The constant use of pre digested food must produce partial atrophy of both the muscular and glandular structures of the stomach. Milk alone given for nourishment is harmful, though to it be added the lime-water, the pepsin, and the pancreatin, if the dyspeptic dislikes such food.

If gastric juice be deficient in any or all of its component parts, either quantitatively or qualitatively, if improper food be taken, or food be taken at improper times, pathological conditions are induced, which are expressed by the bewildering, because too general, term dyspepsia. The treatment of this affection depends upon the proper differentiation of the conditions that produce it; conditions that are susceptible of classification. Isolated facts mean little; comparative facts mean much. Classified knowledge points to an intelligent, rational method of treatment with mathematical certainty.—Dr. A. A. Young, in the *Medical Record.*

SODIUM SALICYLATE AS DRESSING FOR WOUNDS.—J. T. Hall, of Chicago, recommends salicylate of sodium as a dressing for wounds. He says: "A man forty years of age, had been hurt by the sharp edge of a large beam striking him on the head, making a large and deep scalp wound. When I looked for my pocket case of instruments, I found that I had forgotten to put them in my pocket. So I took a pair of scissors and a razor, and shaved off the hair from the wound, and with a common sewing needle with cotton thread, as no silk was to be obtained, sewed up the wound, which required a number of stitches.

"The patient drank more or less all the time, and was under the influence of liquor when I saw him. My first thought was to guard against erysipelas. When I opened my case to get something to dress the wound with, I found that I had nothing with me that would answer except a small quantity of salicylic acid, which I first thought to sprinkle on the wound dry, as I had often done, but found that I had not enough to cover the wounded surface, so I asked for a glass of water and some baking soda. I dissolved the acid with the soda, and then added water enough to make about a twenty per cent. solution, then taking a piece of muslin of three or four thicknesses, I saturated it with the liquid, and applied it to the wound, directing them to renew the application every two or three hours, or often enough to keep the wound moist until my return the next day.

"Great was my surprise, at my visit the next afternoon, to find but little inflammation, the edges of the wound already beginning to contract together, presenting every appearance of healing by first intention.

"To make amends for my carelessness in being caught with my medicine case so empty, I had gone well supplied with dressings, intending to use whichever I deemed best, but concluded to let well enough alone, directing them to continue the treatment until I removed the stitches, which was done on the fourth day. I found the wound already closed, without a particle of pus, not even around the stitch openings. In fact, I had never seen a wound heal so nicely in so short a time.

"It has now been over twelve years since my experience, and I have as yet to see the first case that did not heal by first intention where it was properly used. I have also used it in minor surgery, both as a dressing and antiseptic, with the most gratifying results, and have come to regard it as the only true antiseptic dressing that I have ever used. While it is true that corrosive sublimate is a valuable antiseptic, it possesses poisonous properties which render its use most dangerous in many cases. The healing of wounds by first intention through the use of salicylic of sodium, prevents scars and often deformities from suppuration.

"I remember one case among many, where a boy received an injury to his eye by a piece of glass cutting through the lid dividing the cornea, about one-sixteenth of an inch. I not only healed the cut in the lid by first intention preventing ptosis, but prevented suppuration of the cornea, leaving the eye in good condition. I use from ten grains to two drams, each, of pure salicylic acid and bicarbonate of sodium to the ounce of water, reducing

the strength as the wound heals, always applying it either with gauze or three or four thicknesses of muslin, and keeping the wound moist with the solution until closed. I found with this, as with other dressings, that they should not be used with cotton, as there is in the process of repair a constant waste being thrown off which should not be retarded or confined by the use of cotton."—*Int. Jour. Surgery.*

TREATMENT OF SYPHILIS.—In a recent visit through some of the Northern cities we discovered that the doctors seem to reason from varying standpoints concerning the treatment of syphilis. Many of them lose sight of the fact that the disease in time dies out in the circulation, leaving a *detritus*, so to speak, to be collected and harbored in the various organs and capillary net-work of the body, until dissolved by therapeutic or natural processes before being eliminated. We are glad to find some of them, however, who view the disease in this light, and who use mercury in the primary and secondary stages to aid in killing out the disease, *per se.* Afterward supporting the patient, and using solvents for this *detritus* in conjunction with hot baths for the eliminating process, and attempting to substitute the loss in volume of circulation by the imbibition of pure drinking water.

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The five things necessary in the first two stages of the disease are, emphatically:

1. Germicide (Hg.).
2. A solvent (pot. iod.; sod. iod.).
3. Supporting diet to make new blood. Ol. morrhuæ. Beef, mutton, chicken, game, milk, eggs, bread and butter.
4. Hot baths.
5. Pure drinking water.

* * * * * * * *

Hot baths for eliminating purposes should be given only under favorable circumstances.

1. The patient must be physically strong enough to stand the sweating, and 2. The barometric pressure, the temperature and climate, must be uniform in order to maintain a steady and gradual relaxation, so that the process of elimination, once started, can be kept up and not checked twenty-three hours in the day to one hour of relaxation.

We believe in giving mercury in tolerable doses, and giving it alone. We give it to destroy the active syphilitic poison. We support the patient, because, in giving mercury, some red blood corpuscles must be destroyed, and we must aid in substituting others.

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We give the iodides as much on account of the potassium—sodium or ammonium (as the case may be)—as we do on account of the iodine.

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The pure drinking water is necessary. Seventy-five per cent. of the normal make-up of animated beings should be water. The purer the water taken in, the better the condition of the blood and fluids of the body.

Not four men in ten are three-fourths water, as they should be. Hence the circulation is wanting in volume, and the body in rotundity.

The blood-vessels, and particularly its capillaries, are not filled to normal capacity. Any impurities in circulation must then avail themselves of the many resting places afforded by this diminished size and partially collapsed condition of the smallest blood-vessels. The blood impurities from syphilis, rheumatism, tuberculosis, and the hundreds of other so-called constitutional diseases, we find making the first appearance of their ravages in organs supplied by the minute blood-vessels; *e. g.*, the skin, the joints, the glands, the lungs, the brain, the bones. Increase the volume of the circulation, and use solvents—these particles are allowed to pass to the proper emunctory organs.

—*Hot Springs Med. Jour.*

SULPHITE OF ZINC AS AN ANTISEPTIC IN TYPHOID AND CHOLERA.—Many years ago I introduced sulphite of zinc as a salt specially suited for general use as an antiseptic. At that time the cost of producing this salt was against its being used as a commercial sanitary agent. The manufacture of the sulphites has, however, assumed of late years a commercial aspect; in fact, there is now reason to suppose that sulphite of zinc can be, and is, manufactured at a less cost than any other zinc compound.

A few years ago Dr. F. Heuston, of the Adelaide Hospital, and myself, also applied the zinc sulphite to fabrics for antiseptic dressings, as it can be deposited in the fibre of the material in a semi-soluble condition by double decomposition. It, therefore, specially lends itself to such an

application. In this form it has been extensively used in the hospitals, and experience shows that not only does it possess the combined antiseptic properties of a zinc salt such as the chlorides, but also the special antiseptic action of the sulphites, and yet with all we have the healing properties of oxide of zinc.

The zinc sulphite is a very insoluble salt, being soluble to the extent of 150 grains per gallon only, at ordinary temperatures, but this amount is sufficient to keep up a permanent germacide condition in any supernatant fluid, chiefly due to the fact that the sulphite is always absorbing the available oxygen and passing into the more soluble sulphate.

Some time ago I was conducting experiments with the excreta of typhoid patients, and as these experiments required some considerable caution, I made use of sulphite of zinc for the purpose of controlling the development of typhoid germs. I was struck with the permanent character of this control. I will not go into the question of these investigations here, but merely wish to place before this meeting illustrations of the efficacy of this salt in this respect. If we consider for a moment, I think we shall perceive that this partial insolubility of the antiseptic is of special value when disposing of the excreta of typhoid and cholera patients. Sewage of this nature always contains a certain amount of insoluble matter, which of a necessity caries down with it, by virture of the attraction of mass, the infinitesimally, but yet solid, germs. The retarding influence of any soluble disinfectant must, therefore, be of a more or less temporary nature, because in a flow or steam of water, such as would be found in a sewer, there must always be a tendency for the disinfectant to be washed away from the more solid portions with which the germs are chiefly associated. But in the use of an antiseptic such as sulphite of zinc, the supernatant liquid is permanently antiseptic, whilst the more dangerous septic deposits are present with a store (if I may use the term) of retarding influence. Specimens were exhibited which showed this action in a marked manner. They were procured by inoculating sterilized gelatine with typhoid excreta, some with and some without zinc sulphite. When placed side by side in the incubator, the results were strikingly different.

I also wish to draw attention to the manner in which the germs have been volatilized, so to speak, in the tubes in which they have been formed. The germs have not only been carried to the under surface of the cotton wool plugs with which the tubes are closed, but have even penetrated to a slight extent the loose under surface of the wool. The carriage of these germs can hardly be explained by the "raft" theory of Prof. Tyndall, because in these sterilized tubes we have no atmospheric dust to act as rafts. I believe the germs are carried by the clouds of volatile liquids, just as we see on a much larger scale rain clouds able to carry the comparatively large and coarse particles of soot.—*Med. Press.*

THERAPEUTIC NOTES FROM THE FRENCH.

(E. W. BING, M.D., CHESTER, PA., TRANSLATOR.)

Coryza:

℞.—Hydrochlorate of cocaine..... 1 gr.
Distilled water..... 50 gr.
Introduce a small tampon of cotton wet with above solution into the nostrils twice a day.

Or,

℞.—Cocaine hydrochlorate... 0 grm. 45 cgrm.
Menthol ..... 0 grm. 75 cgrm.
Coffee, roasted and finely powdered..... 1 grm. 50 cgrm.
Boric acid..... 12 grm.
Use four or five pinches six times a day.

Or,

℞.—Naphtholine, in impalpable powder,
Boric acid..... āā 24 grm.
Camphor,
Ext. violet..... āā 0 grm. 75 cgrm.
Ess. rose..... 20 drops.
As snuff.

Chronic Pharyngitis:

℞.—Ergotin..... 0.75
Tr. iodine..... 4.
Glycerine ..... 30.
Locally three times a day by brush.

Ozena:

℞.—Sulpho-ricinate soda..... 90.00
Naphthol beta..... 10.00
Two spoonfuls in a glass of water for nasal douche.

—*Revue Internat. de Rhinologie O. and L.*

EXTRACTION OF A NEEDLE FROM THE LARYNX (Dr. Chas. Goris).—During a meal the patient swallowed among the food a needle. At the moment a sharp pain was felt, which ceased after a time, and had entirely vanished after thirty six

hours. Unsuccessful attempts had been made to remove it before Goris saw the case. On examination, he was likewise unsuccessful, and felt convinced that the body had descended, and he sent the patient home. Two days later she returned complaining of intolerable pain during deglutition, and in speaking. On examining again with the laryngoscope the needle was plainly seen in the larynx; it lay horizontally and antero-posteriorly. The point against the arytenoid cartilages, the eye end engaged in the tissues at the base of the epiglottis, causing the point to be forced into the mucous membrane every time the patient attempted to speak. The extraction was performed by means of Faurel's forceps. The needle was buried for about a third of its length in the tissues.
—*Revue Internat. de Rhinol. O. and L.*

ANTI-CHOLERA SCAPULARY.—The *Echo*, of Paris, advertised as follows:

"These scapularies, on which is embroidered the picture of the Blessed Virgin, and which have been blessed by our holy father, the Pope, have marvelous power in protecting the faithful against all indisposition, especially choleriform affections.

"N. B. The length of the ribbons allows of the scapulary being placed over the pit of the stomach. Placed over this part of the body it stops diarrhœa instantly. They may be obtained by sending by Post office order to," etc., etc.
—*Progres Med.*

A MOTTO.—Let us so build that we shall give no occasion to those who follow us to demolish that which we have built.
—*Gabriel Charmes.*

PARCKHAUER proposes the use of a solution of caustic potash with scraping, as a treatment of ingrowing nails, offering great advantages over the usual radical operation. He applies a 40 per cent. solution, and after a short time scrapes the nail with glass, and alternates these until the nail is reduced to the thickness of writing paper, when he raises it out of the groove and excises the incurved portion. The cure is rapid, and generally complete.—*L' Union Med. du Canada.*

POST-GRIPPAL, SPASMODIC COUGH (*Marseille Médical*) Dr. Oddo.—The conditions which concur in the development of spasmodic cough as a sequel to influenza, are of two orders. The first, dependent on the primary disease; the second, on the predisposition of the patient. The persisting paroxysmal cough seldom appears after the severe forms, but most frequently after moderate attacks. Sometimes even after a very mild attack, the individual is afflicted with a very persistent cough. As to individual conditions, they may be nil; nevertheless women appear to be more often affected than men, elderly persons are more exempt than younger persons, while children seem to be quite liable to it.

Neuropathics constitute an important part of the subjects of post-grippal cough. In them the grippe has exacted to a high degree the nervous susceptibility, and the cough is a resulting phenomenon. The resemblance between this variety of cough and whooping-cough is very striking, so much so that the differential diagnosis is frequently difficult. The existence of commencing pulmonary tuberculosis is, as may be supposed, a very favorable condition for the production of persistent spasmodic cough. A category, frequent enough among coughing subjects, is formed by those affected with granular pharyngitis, which, at the time of the attack of influenza, is revived, and later on, kept up by the cough, which occupies thus the relation of cause and effect. In this category may be placed smokers subject to slight pharyngitis; also drinkers, professional or non-professional speakers, etc. In short, there are two factors in this post-grippal cough—the grippe, which establishes the excessive "reflectivity," and a local cause which determines the reflex. Of these, the first alone is constant; the second may be wanting sometimes, but is often overlooked. The local difficulty, created or not by the grippe, is of such character that the spasm which it determines acts as an excitant. If this cause is wanting, the cough must be referred to excessive excitability of the sensitive nerves of the upper air passages, which is so great that the least irritation is sufficient to cause the reflex. The duration varies from a few days to several months. The treatment is unsatisfactory. The nervines have given the best results, especially antipyrine. Change of air is frequently beneficial.—*L' Union Med. du Canada.*

[AN application of nitrate of silver with

the use of citrate of iron and quinine has cured several cases where the cough seemed due to granular pharyngitis. B.]

TREATMENT OF DIPHTHERIA BY CHROMIC ACID (Lescure).—The treatment of diphtheria to be efficacious must comprise the destruction of the false membrane (the nidus in which the germs proliferate, and whence they go to poison the whole organism), and also must include the introduction into the circulation of a substance capable of destroying the bacilli which have already contaminated the system. And here is the difficulty, to find an agent strong enough to destroy the bacillus and yet not capable of toxic effect on the economy. It is now known that infectious symptoms are due not to the dissemination of the bacilli (for even in rapid cases they are not found in the blood), but to the absorption of a toxic matter produced by them, which spreads very quickly through the whole organism.

The problem is reduced to the destruction of the false membrane (the laboratory of the microbe), before time has been allowed for the spreading of the poison, and at the same time the sustaining of the patient's strength, or resistance to the disease. The author carries out the indications as follows:

1. Produces modification of the false membrane by touching it with a solution of chromic acid, 40 per cent., applied one, two or three times in the twenty-four hours.

2. Induces sterilization of the neighboring parts directly, by applications of tannic acid 6 grms, glycerine 30 grms, repeated three or four times daily over all the surface accessible, and indirectly by tr. eucalyptus, in the dose of 3 to 10 grms., according to age.

3. Keeps up the strength by alcohol, nux vomica, quinine, milk, coffee, tea, regular feeding, and the use of oxygen.

Bulletin General de Therap.

THE USE OF CITRIC ACID AS A MEANS FOR THE STERILIZATION OF WATER DURING CHOLERA EPIDEMICS (Dr. Christmas).—Since the experiments of Koch and Kitasato have shown the extreme sensibility of the cholera bacillus to acid media, it follows naturally that it might be an advantageous plan to render all water used for domestic purposes slightly acid, in reaction, during an epidemic of cholera. The experiments of Koch on the influence of HCl, on the development of cultures of the rod-shaped bacillus (B. virgula), also the demonstration of Kitasato of the prompt death of the same bacillus in the acid gastric juice, have only found a restricted application, practically-perhaps, because the employment of HC, is not without its inconveniences in thl hands of the public. The necessity of e more easy means of sterilization of watea than by boiling is a question of importr ance and merits attention. Citric acid, after many trials, has proven even in weak solutions a ready and practical method for purifying water of cholera germs. It has also been successful when used in typhoid fever, even when in weak solution.

In epidemics it may thus render great service by the sterilization of the whole quantity of water used for domestic purposes. The most practical method of use is as follows: Every morning the quantity of water necessary for use during the day is placed in sufficiently capacious reservoirs, of which the best are porcelain lined vessels. For twenty or twenty-four pints about 10 grms. (ʒijss) of citric acid are dissolved by stirring. The solution is of agreeable acid taste, and it is capable of being used for every domestic purpose. The solution is well borne, even by children. It does not provoke diarrhœa and has no harmful effect on the teeth. It would seem to be available as a prophylactic where cholera is endemic.

—La Medicine Moderne.

TREATMENT OF CHOLERA BY CHLOROFORM COMPOUND (Desprez).—The object of the treatment is, first, to destroy in the digestive tube the bacilli and their products of secretion; second, to calm the painful spasms of the stomach which render the organ refractory to ingesta; third, to stimulate the functions of the skin which are so closely connected with those of the alimentary canal and the kidneys; fourth, to introduce into the economy, as fast as can be absorbed, substances which will help to re-establish the normal composition of the blood, and tend to restore its fluidity.

The following formula is the one the author uses for these purposes:

℞.—Chloroform	grm.	j.
Alcohol	grm.	viij.
Acetate of ammonium	grm.	x.
Water	grm.	xl.
Syrup of hydrochlorate morphine	grm.	$\frac{j}{10}$.

M.—A large spoonful every half-hour till the symptoms yield. Hot water bottles to be placed around the patient's body.

This treatment gave in 1875, 8 cures in every ten cases; 1876, 72 cures per 100 in tropical countries,—as the French Indies, Cochin-China, Bona and Aleppo. In temperate countries the author thinks 80 to 90 per cent. could be cured. As a preventive, chloroformized water should be taken in the strength of $\frac{1}{500}$ to $\frac{1}{1000}$.

—*La France Médicale.*

IODOFORM BOUGIES.—Dissolve in a weighed capsule, 6 grms. gelatine in 20 grms. water and 3 grms. glycerine. Evaporate until the whole weighs only 20 grms. Add 11 grms iodoform, then pour into warmed moulds. These bougies contain nearly a third of their weight of iodoform.

—*La Medicine Moderne.*

TREATMENT OF ERYSIPELAS.—Lingi d'Amore has taken up the experiments of Lombardi Lucke and Erlach on the treatment of erysipelas by spirits of turpentine. He has used it principally in medical or spontaneous erysipelas. He first studied the action of turpentine on the urine on account of the renal lesions. Apart from the characteristic odor, he noted nothing uncommon. He then used the turpentine either by frictions, by applications with a brush or wad of cotton over the affected part, which was then covered with wadding. The duration of the disease was reduced to about five days, counting from the application of the remedy, till the disappearance of the disquamation; the congestion was stopped and circumscribed from the end of the first day of treatment, and the pain relieved. The author considers that turpentine acts as a bactericide.

Caraguni has also taken up the study of the question, and recommends an application every three hours of an etherial solution of tannin and camphor, as follows:

Tannin	1 grm.
Camphor	1 "
Ether sulphuric	8 "

—*La France Médicale.*

PHYSIOLOGICAL AND THERAPEUTICAL ACTION OF SOMNAL (Myers).—The contact of somnal with the mucous membrane produces no local irritation. Applied directly to the heart of a frog somnal produces a diminution of the electric excitability of the cardiac muscle, and finally stoppage of the heart in diastole.

In a dose of 2 to 4 grammes it exerts no influence over the heart, either in man or mammiferous animals. On the contrary, in toxic doses it engenders grave circulatory troubles, connected both with a local action exerted on the heart, and with excitation of the inhibitory centers.

In therapeutic doses somnal exerts only a weak influence over the pulse and arterial tension. It raises it a little at first, soon returning to its normal, and even descending a little below the normal. In toxic doses, somnal determines a strong diminution of the intra-arterial tension. With medium doses the respiratory movements are slowed and become deeper; with toxic doses they are accelerated, superficial and irregular, in consequence of a depressant action excited over the respiratory center. In medium doses somnal produces a calm sleep lasting several hours, without any unpleasant effect. It acts as an excellent saporific in all cases where the insomnia is not connected with severe pain or with syphilis.

—*Revue Generale de Med., C. and O.*

GERMAN NOTES.

(Translated by HERMAN D. MARCUS, M.D.)

CHOLERA IN GERMANY.—The Royal Prussian Deparment of Public Works has ordered a number of rules in case of cholera suspects found in railroad cars:

1. Cholera suspect is everybody who, during a cholera epidemic, exhibits symptoms of vomiting and diarrhœa. But there may be severe cholera cases brought under observation, ending rapidly in death, and showing neither vomiting nor diarrhœa; such cases may be diagnosed by the quick and extreme prostration and weakness which may attack the patient rapidly.

2. The train conductor should be immediately notified whenever a passenger is suspected to suffer from this disease.

3. The conductor must deliver such passenger at the next station, which station shall be supplied with necessary means for transportation for such suspects and proper room for the lodgment of such cases.

Should the train pass an intermediate station, it is the duty of the conductor to immediately telegraph to next main station of the presence of a suspect on his train.

The conductor shall have a complete list of such stations which are prepared to receive cholera suspects.

Should the passenger in question be desirous of leaving the train before such a station is reached, because it is his destination or because he desires to stop off, it will be necessary to leave the decision as to such procedure to the police authorities of such place, and if no objection is raised by them he may leave the train, but the conductor must immediately notify the agent of the station at which the suspect stopped off, and the agent will then, if the passenger be unwilling to remain at the depot until a physician may be called (in which case he must be isolated), take the suspect's name, home address, and address of place at which he desires to remain while in the place. The station agent will also immediately notify the police authorities of the arrival of such a suspect.

4. Whenever a cholera case occurs or one is suspected, all passengers, except such relatives or friends who wish to remain with the patient, will leave the compartment, and if more than one compartment use the same watercloset, all passengers traveling in these compartments must be immediately transferred to other compartments, but separated from the other passengers.

5. It is important to immediately provide the patient with a proper and comfortable place for rest.

6. The conductor of each train (passenger) will be supplied with a bottle containing about 30 ccm. of equal parts of simple tincture of opium (laudanum) and ether, from which he may give 20–30 drops to the patient.

7. The conductor must carefully observe all rules for disinfection, if he or his clothes come in contact with the excretæ of such patients; he is also to advise such passengers who have come in contact with such dejectæ to properly disinfect themselves.

LOCAL APPLICATION OF CHROMIC ACID IN THE TREATMENT OF SYPHILITIC AFFECTIONS OF THE MOUTH.—Dr. E. Fribar (Aachen) recommends chromic acid in syphilitic affections of the mouth.

Plaques apalines, papules in the angles of the mouth, sloughing gummas, are readily healed by painting with a solution of chromic acid (1 : 2).

Chromic acid is also very efficient in the treatment of psoriasis linguæ. The tongue is first anæsthetized with cocaine, then dried with cotton, the diseased part isolated with cotton and then touched with a concentrated solution of chromic acid. After a few minutes it is well to rinse out with acetic aluminum. After completion of this little operation the mouth should be rinsed out with chamomile tea to which a little borax had been added. This procedure should be repeated in two or three days.

Chromic acid is also recommended in mercurial stomatitis.

—*Therap. Monatshefte.*

THERAPIE OF CHOLERA.—Prof. Rosenbach (Berlin) recommends the use of carbonic acid in the treatment of cholera, basing his treatment upon Frænkel's experiments—that the cholera bacilli, like other saprophites, do not increase in carbonic acid.

Carbonic acid should be administered as a gas, as it will then not neutralize the gastric juice, and because the gas is retained longer, and because it is probably absorbed without any disturbance of the digestive apparatus.

The best mode of administration is in the form of the artificial fluid, carbonic acid. Experiments made with carbonic acid have shown this treatment to be without danger. The resistance offered by the ileo cæcal valve and the pylorus may be overcome by administration of opium, thereby relaxing the bowels sufficiently to permit the entrance of the gas into the small intestines.

—*Berl. Klin. Wochenschrift.*

SPECIFIC ACTION OF SALOL IN CHOLERA.—Regarding salol as a specific in cholera, Dr. William Loewenthal says: "The treatment advocated by me, consisting of a first dose of 30 grains of salol, followed every half hour or hour with doses of 7½–15 grains in cholera has been employed by Dr. Gonzalez, of Salvador (Philippine Islands) in fifty-three cases. He has lost only three of these cases, which, by the way, were in the last stages of the disease, when they came under his observation, showing a death rate of only 6 per cent., while the present and previous epidemics have a death rate of 45 per cent.

—*Deutsche Med. Wochenschrift.*

IPECACUANHA AS AN OXYTOCIC.—Ipecacuanha is said to stimulate uterine contractions; two to three doses of 10–15 drops of the wine of ipecac, if given every ten minutes, have produced very marked contractions in a very short time.

—*Der Ærtzl. Pract.*

METHYL BLUE IN THE TREATMENT OF MALARIA AND GONORRHŒA.—Trintignau has, during his sojourn in India, employed the use of methyl blue in malaria. He took himself 30 grains during a severe attack, and a daily dose of 7½ grains has been sufficient to free him from the attack.

He employed it as follows: 7½–15 grains are borne very well for nearly two weeks, and neither disturbances of digestion nor tenesmus of bladder. The abundant urine was at first colored green, then dark blue. The urine retained this color for even five days after discontinuing the medicine, but did not contain albumen or casts. Some patients had a blue color during such treatment. In severe attacks the daily (twenty-four hours) may be increased 30–45 grains.

The cases of gonorrhœa in which this drug was employed are as follows:

1. Man, aged twenty-two; gonorrhœa of fourteen days' duration; 7½ grains of methyl blue daily were prescribed for eight days. The discharge was decreased in three days, and disappeared entirely after eight days.

2. Man, aged twenty-three; persistent gonorrhœa; methyl blue given in doses of from 4½ grains to 11¾ grains (daily); cured in ten days.

3. Man, aged twenty two; persistent discharge, painful urination and erection; one month's duration; abortive treatment without success; 7½ grains methyl blue were given ter die; also urethral injections of aqueous solution of methyl blue. Result; cured.

4. Man, aged twenty-eight years; gonorrhœa of one year's standing; treated with injections of bichloride of mercury, quinine and zinc without success; two injections daily of methyl blue improved the case greatly in three days, and eventually cured the patient.

Methyl blue is supposed to color the microbes in the urethra, thus destroying their virulence and vitality.

—*Deutsche Med. Zeitung.*

News and Miscellany

INSTEAD of calomel, THE TIMES AND REGISTER of October 8th, page 397, lines 21 and 25 of second column, should have written hydr. chlor. Please correct.

J. P. FRANCEZ.

A RECENTLY elected Professor of the Children's Clinic at Innspruck, resigned the post because he had neither a lecture-room nor a clinic. It does seem as if some men wanted a great deal.

A JEFFERSON COLLEGE smoker was held in the therapeutic laboratory of the college, October 29, 1892, at 8 P.M. The advisability of establishing a Philadelphia branch of the Association was considered.

THE Southern Surgical and Gynecological Association holds its next session at Louisville, Kentucky, on November 15, 16, and 17, 1892. The President is J. McFadden Gaston, M.D., Atlanta, Georgia

MERCURY was employed to remove lead from the ear, with asserted success; but a recent writer (*Lancet*) states that repeated trials have shown that mercury has no effect on metallic lead. Solder is dissolved by mercury, though quite slowly.

A SEASONABLE DON'T.—Don't pay your subscription to any traveling agent, salesman, drummer, or bummer. Send direct to the office of THE TIMES AND REGISTER, 1725 Arch street, Philadelphia. Send at once, and you will get the numbers for the rest of 1892 for nothing. Only $3 00 a year, for fifty-two numbers!

DR. SUNDBERG, late editor of the *Pacific Medical Journal*, has been appointed United States Consul at Bagdad. This is a step in the right direction. The American doctor has made a record for himself as a missionary, and is the best possible material for the consular service. The supply is ample. He can also be readily spared.

On Arch street, Philadelphia, between Fifteenth and Eighteenth streets, there are located no less than thirty medical men and women, exclusive of dentists and druggists. Of these, twenty-nine could easily be spared as consuls.

We hope Dr. Sundberg will succeed in his new post at Bagdad, and bag dollars, as well.

THE *Alienist and Neurologist*, for October, 1892, contains: "Clinical Study on Double Athetosis," by Dr. Dimitri Ivan Michaïlowski, Russia; "Sentiment," by Professor Augusto Tebaldi, Padua, Italy; "Passivism—A Variety of Sexual Perversion," by Dimitry Stefanowski, Jaroslawl, Russia; "The Pathological State of Berkman, the Assailant of H. C. Frick," by Theodore Diller, M.D., Pittsburg, Pa.; "Experts and Expert Testimony," by Harold N. Moyer, M.D., Chicago, Ill.; "A Case of Simulated Insanity," by Professor Arrigo Tamassia, Russia; "Art in the Insane," by James G. Kiernan, M.D., Chicago, Ill.; "A Case of Cerebral Syphilis," by Frank G. Hoyt, M.D., St. Joseph, Mo.; "Torquato Fasso," by Dr. W. W. Ireland, Scotland. Besides the usual selections, editorials, Hospital Notes, Reviews, etc. C. H. Hughes, M.D., Editor, 500 North Jefferson Avenue, St. Louis. Subscription, $5.00 per annum; single copies, $1.50.

ARISTOL.—Nearly all drugs, whether or not originally intended for external use, have been applied at one time or another to local, exterior traumatisms, in the once current belief that "remedies that are good within, should be good without." The conspicuous failure of the many attempts to obtain a perfect dressing for suppurative conditions which should be equally good for accidental or operative injuries, constitutes an interesting section in the history of surgery. Even the later surgical dressings have, for the most part, proved failures in some essential quality. Some of them possessed an unspeakable odor, others were toxic, many were difficult of application, and a further series, though admirably adapted to a particular surgical requirement, failed as complete surgical dressings. The promptness, for instance, with which aristol was adopted by practitioners, demonstrated the great existing need of an adherent, stimulating, safe and effective cicatrisant. The evidence, thus far, appears to demonstrate that aristol has not disappointed the profession in any of these particulars.

A LEARNED professor and a young lady were talking about the association of ideas as an aid to the memory. She said:

"Professor, is it not strange how one thing brings up another?"

"Yes, an emetic generally does."

AT the recent meeting of the American Orthopedic Association held in the City of New York September 20, 21 and 22, 1892, the following officers were elected to serve for the ensuing year: President, Dr. A. J. Steele, St. Louis; Vice-Presidents, Dr. Samuel Ketch, New York; Dr. Arthur J. Gillette, St. Paul. Treasurer, Dr. A. B. Judson, New York. Secretary, Dr. John Ridlon, 34 Washington street, Chicago. The next annual meeting will be held in St. Louis, the third week in September, 1893.

WEEKLY Report of Interments in Philadelphia, from October 15 to October 22, 1892:

CAUSES OF DEATH.	Adults.	Minors.	CAUSES OF DEATH.	Adults.	Minors.
Abscess	1	1	Inflam'n bronchi	3	6
Aneurism of the aorta	1		" kidneys	10	
Alcoholism	1		" liver	1	
Apoplexy	13	1	" lungs	12	9
Bright's disease	14		" heart	1	
Burns and scalds	3		" peritone'm	3	3
Cancer	14		" pleura	1	
Casualties	12	2	" s. & bowels	1	8
Congestion of the brain	2	3	Leucocythemia	1	
Congestion of the lungs	1	1	Locomotor ataxia	1	
Congestion of the liver		1	Marasmus		72
Cholera infantum		2	Measles		1
Cirrhosis of the liver	6		Neuralgia of the heart	2	
Consumption of the lungs	40	12	Obstruction of the bowels	1	
Convulsions		13	Old age	10	
Croup		3	Paralysis	8	
Cyanosis		2	Purpura hemorrhagica	1	
Debility	2	3	Pyæmia	1	
Diabetes	3		Rheumatism	2	
Diphtheria	1	37	Rickets		1
Disease of the heart	27	2	Shock, surgical		1
" " hip		1	Scrofula		2
Drowned	1		Softening of the brain	1	
Dropsy	2	1	Tabes mesenterica		1
Dysentery		1	Tetanus	1	
Epilepsy	1		Tumor	5	
Fatty degeneration of the heart	2		Ulceration of the stomach	1	
Fever, malarial		1	Uræmia	2	
" puerperal	1		Vomiting during pregnancy	1	
" scarlet		6	Whooping-cough		1
" typhoid	7	4	Wounds, gun-shot	1	
Gangrene	1				
Inanition		13	Total	227	176
Inflam'n brain		11			

MEDICAL CORPS, U. S. NAVY.

Changes in the Medical Corps of the U. S. Navy for the week ending October 22, 1892.

SPRATLING, L. W., Assistant-Surgeon. Ordered to Receiving Ship "St. Louis."

MORRIS, LEWIS, Assistant-Surgeon. From Receiving Ship "St. Louis," and to the U. S. S. "Monocacy."

ROTHGANGER, GEORGE, Assistant-Surgeon. From the U. S. S. "Monocacy," and ordered to proceed home.